CITY OF CATHEDRAL CITY



Human Resources Division 68-700 Avenida Lalo Guerrero Cathedral City CA 92234 (760) 770-0340 (760) 770-0365 Job Hotline www.cathedralcity.gov

GENERAL INSTRUCTIONS

Read these instructions and the attached information before completing the application. Failure to complete the application as directed may result in disqualification of your application.

Applications

- Applications are only accepted only for positions that are currently open.
- Please fill out the all parts of the application materials completely and accurately.
- Unsigned applications will be rejected
- Faxed application materials are not acceptable

References

It is the policy of the City to check applicant references. Include at least one reference for each of your last three positions. A complete mailing address and telephone number is required for each reference submitted, and a waiver authorizing the release of information must be signed at the time of the interview.

Screening

The City will prescreen the applications in order to select the most suitable applicants to continue in the process. Applicants are selected on the basis of information supplied on the application materials as related to the specific position.

- Applicants will be notified of the status of their application after the closing date for the position being filled.
- Unsuccessful applicants will be notified by mail after the position has been filled.

Testing

Some positions require testing. Please review the application materials for information about this part of the selection process

Equal Opportunity and Reasonable Accommodation

The City of Cathedral City is an equal opportunity employer and does not discriminate against an applicant on the basis of race, color, ethnic or national origin, religious creed, ancestry, age, sex, marital status, physical disability, mental disability, medical condition, pregnancy, child birth or related medical condition, sexual orientation, domestic partnership status, veteran status, or religious opinion or affiliation and/or any other legally protected status.

Please return the Equal Employment Opportunity Questionnaire with your application. This form is confidential and is used for reporting purposes and will not be used in considering your application. If you have a disability that requires special accommodation for testing (e.g., written test, typing test, performance test or oral interview), please notify the Human Resources Division at the time you submit your application in order for the City to determine what accommodations can be made.

Convictions and Clearance for Employment

If you have been convicted of any law violation (other than a minor traffic violation), be certain to provide complete details on the Conviction review form. While a conviction does not necessarily rule out employment with the City, the withholding of such information is grounds for automatic disqualification. A felony conviction during the last five years MAY disqualify an applicant under certain circumstances. Please request a *Conviction Review Form* and return it with your application.

City policy requires that all City personnel must undergo and pass a pre-employment physical, which includes a drug screen. Only the Human Resources Division has the authority to make a job offer for any City position.

ApplicationCover Rev 0703



APPLICATION FOR EMPLOYMENT

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Read the job description, to see if you meet the requirements. Show clearly all-previous work experience, education and training which qualifies you for this job. False statements or unsigned applications are cause for rejection of application, removal of name from eligibility list, or dismissal from employment.

FILL OUT COMPLETELY AND DELIVER TO THE HUMAN RESOURCES DIVISION (Please type or print)

POSITION APPLIED FOR		SOCIAL SECURITY
LAST NAME:	MIDDLE INITIAL	
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME TELEPHONE	MESSAGE/DAYTIME TELEPHONE	
Are you presently employed by the	e City of Cathedral City?	Yes No
Have you ever worked for the City	Yes No	
Do you have any relatives working	Yes No	
If you answered yes above, describ	pe position held, name of relative(s), etc.:	
Driver's License Number:	Class: Expiration Date:	State:
If hired, can you provide proof of y	our legal right to work in the United States?	Yes No
Federal Military Service: Have	you ever served in the United States armed forces?	Yes No
Branch of Service:	To:	
Do you possess an honorable disch	Yes No	
Date of Discharge:		

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Have you ever pleaded gu (except for juvenile convict If yes, explain in full detail employment selections are	tions)? below: ((Being convicte	ed of	a crime in it		-				Yes _	1	No	-
Date		City & State			Charge (describe fully)					Disposition			
Language Ability: (Spec	ify, othe	er than English)										
LANGUAGE	F	READ			WI	RITE				SPEAK	ζ		
Special Skills:		1			1					i			
COMPUTER SOFTWARI	Е	BEGINNER	BEGINNER			INTERMEDIATE				ADVANCED			
USED													
WORD													
EXCEL													
ACCESS													
POWERPOINT													
OTHER LIST:													
Education: Last Elementary, Junior, or NAME OF HIGH SCHOOL		ior, or Senior I	r, or Senior High School Attended: LOCATION			ed:				GRADUATE GED			
	<u> </u>		LOCI	IIIOIV						OI II ID C	77 11 1	Z OLL	
NAME & LOCATION O		DATES		FULL O		NO.	SE			JORS		PE OF	DATE
COLLEGES & UNIVERS ATTENDED	ATTENDED FROM - TO		PART TIME		CREDITS EARNED			& MINORS			GREE CEIVE	OF DEGRE	
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NIAME O I COATION	OF DIV	CINIECC OD		DATEC		COLIDGE	(C)		DTIL	IOATE (ם ב	D	ATE
NAME & LOCATION OF BUSINESS OR TRADE SCHOOLS ATTENDED. (INCLUDE ANY RELATED COURSES OR TRAINING RECEIVED).			DATES ATTENDED FROM - TO		COURSE (S) OF STUDY		CERTIFICATE C LICENSE RECEIVED		JK	DATE RECEIVED			
			+			1							

Conviction

Experience:	may qualif section).	y you for the position. ("	See attached resum you may attach additio	e" is not acceptable in onal sheets in the same fo	e earlier experience, which n lieu of filling out this ormat. By giving complete
CURRENT OR	LAST PO	SITION			
FROM: MONTH/YEAR		TO: MONTH/YEAR	JOB TITLE:		SALARY
EMPLOYER NAME			ADDRESS	CITY	STATE ZIPCODE
DUTIES PERFO	RMED				
NAME OF SUP	ERVISOR:		PHONE: ()	NO. SUPERV	HRS/WK
REASON FOR L	EAVING				·
May we contact	this Employ	ver? Yes I	No Notify me first		
PREVIOUS PO	SITION				
FROM: MONTH/YEAR		TO: MONTH/YEAR	JOB TITLE:		SALARY
EMPLOYER NA	AME		ADDRESS	CITY	STATE ZIPCODE
DUTIES PERFO	RMED				
NAME OF SUP	ERVISOR:		PHONE: ()	NO. SUPERV	HRS/WK
REASON FOR L	EAVING				
May we contact	this Employ	ver? Yes I	No Notify me first		
PREVIOUS PO	SITION				
FROM: MONTH/YEAR		TO: MONTH/YEAR	JOB TITLE:		SALARY
EMPLOYER NAME		ADDRESS	CITY S	STATE ZIPCODE	
DUTIES PERFO	RMED				

PHONE: ()

Notify me first

Yes

No

HRS/WK

NO.

SUPERVISED

NAME OF SUPERVISOR:

REASON FOR LEAVING

May we contact this Employer?

PREVIOUS POSITION							
FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE:		SALARY			
EMPLOYER NAME		ADDRESS	CITY STA	TE ZIPCODE			
DUTTIES DEDESDINED							
DUTIES PERFORMED							
NAME OF SUPERVISOR:		PHONE: ()	NO. SUPERVISE	HRS/WK			
REASON FOR LEAVING			,	,			
May we contact this Emplo	yer? Yes I	No Notify me first					
References: Give name a character, work experience observed you in a work situ	e and ability. Preferably						
NAME:		BUSINESS/OC	CUPATION				
ADDRESS:		PHONE: AREA	PHONE: AREA CODE /NUMBER				
NAME:		BUSINESS/OC	CUPATION				
ADDRESS:		PHONE: AREA	CODE /NUMBER				
NAME:		BUSINESS/OC	CUPATION				
ADDRESS:		PHONE: AREA	PHONE: AREA CODE /NUMBER				
The City of Cathedral City	may contact my former er	nployers concerning my en	nployment. Ye	es No			
I, the undersigned, hereby and belief. I understand the Cathedral City or may be information provided on the	certify that all statements hat untrue statements of grounds for dismissal.	contained herein above, as material facts herein will d	isqualify me from emplo	yment with the City o			
Signature of Applicant:			Date:				



CITY OF CATHEDRAL CITY

EQUAL OPPORTUNITY QUESTIONNAIRE

In order to comply with Federal Equal Employment Opportunity regulations and guidelines, employers must have data available on applicant flow patterns. For this reason, we would appreciate your voluntary cooperation in providing the following information. This information is confidential and will be used for *statistical purposes only*. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction. This information may be provided to government officials investigating our compliance status.

POSITION APPLIED FOR:	DATE:					
Check the categories that apply to you:						
Male						
ETHNIC CATEGORY (CHECK ONE)						
American Indian or Alaskan Native All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.						
Asian and Pacific Islander All people having origins in the original peoples of the Far East, the	Asian and Pacific Islander All people having origins in the original peoples of the Far East, the Philippines, or the Pacific Islands.					
Black Non-Hispanic All persons having origins in any of the black racial groups of Africa.						
Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.						
White Non-Hispanic All persons having origins in any of the peoples of Europe, North Africa or the Muddle East.						
DISABILITY A physical or mental impairment that substantially limits one or more life activities, including a psychological disorder or condition, cosmetic disfigurement, or anatomical loss.						
Disabled \square						
WHERE DID YOU LEARN ABOUT THIS POSITION? (SPECIFY) Job Hotline						